

This form is fillable.

Houston Department of
Health and Human Services



Phone: (832)393-3917

Fax: (832)393-3995

REC'D DATE _____ LAB.# _____

DO NOT WRITE ABOVE THIS LINE: FOR LABORATORY USE ONLY

RABIES SUBMISSION FORM HDHHS-R

PLEASE SUBMIT A SEPARATE FORM FOR EACH SPECIMEN

Note: No C.O.D.'s Accepted

Submitter's Name/Clinic: _____

Account number (*if applicable*) _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: (____) _____

Owner's Name/Victim: _____ Address: _____

City: _____ County: _____ State _____ Zip: _____ Phone: _____

Animal: ☐ Cat ☐ Dog ☐ Skunk ☐ Bat ☐ Other (Describe) _____

County of Animal's Origin: _____ Date of Death: _____

Testing Priority : Please indicate the testing priority level below (only mark one selection)

1 ☐ Known Human Bite

2 ☐ Known Human Exposure or Bat Found inside Residence

3 ☐ Pet Exposure

4 ☐ Other

Miscellaneous: _____

HTL #

**LAB
RESULTS:**

POSITIVE _____ DESTROYED _____

NEGATIVE _____ DECOMPOSED _____

UNSATISFACTORY _____